## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F20476 1. Corporation Name

STONEWOOD DEVELOPMENT INC.

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90211 004 \*\*\*150.00

GIONEN	DETECT MENT, IN	<b>,</b>						
Principal Place	e of Business	Ma	iling Address				1 Idelide II:h lidit 4311; bien teete ein 6:et, eien greit gien eren eren	•
121 STONE POST RD			121 STONE POST RD					
LONGWOOD FL 32779 LONGWOOD FL 32779						DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified	
							02/19/1981	
<u> </u>		10-	Mailine Address				4. FEI Number Applied For	$\dashv$
<b></b>	lace of Business		Mailing Address				59-2066171 Not Applicab	Je l
21	# -A-	26	Suite, Apt. #, etc.				\$8.75 Additional	
Suite, Apt.	#, etc.	27	7				5. Certificate of Status Desired Fee Required	- }
City & State		21	City & State				6. Election Campaign Financing \$5.00 May Be	7
		28				<del></del>	Trust Fund Contribution Added to Fees	-= =
23    Zip	Country	201	Zip	Cou	untry		8. This corporation owes the current year Intangible	$\neg$
24	25	29	•	30	-		Personal Property Tax.	
	9. Name and Address of Curre		tered Agent	L = L	T		10. Name and Address of New Registered Agent	
					81	Name		-
	lams, richard r				82	Stroot Ac	Idress (P.O. Box Number is Not Acceptable)	$\dashv$
121 STONE POST ROAD				82 Street Address (P.O. Box Number is Not Acceptable)				
LON	GWOOD FL 32779				83			
							85 Zip Code	
}					84	City	FL 85 Zip Code	1
11. Pursuant	to the provisions of Sections 607.05	02 and 6	7.1508, Florida Statut	es, the a	above	-named co	orporation submits this statement for the purpose of changing its registered	$\Box$
office or r	egistered agent, or both, in the Stat im familiar with, and accept the oblig	e of Hond	a. Such chande was a	utnonze	a bv	the corpora	ation's board of directors. I hereby accept the appointment as registered	
1	m tanımar with, and accept the obig	jauoris or,	360,011 007.0000, 110	iidd Owi		•		
SIGNATURE	Signature, typed or printed name of registered as	ent and title	f applicable. (NOTE	: Registered	d Agen	t signature req	uired when reinstating) DATE	
12.	OFFICERS A	ND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	{
TITLE	DS		☐ DELETE	1.1 T	TLE		☐ Change ☐ Addi	ion ;
NAME	WILLIAMS, LAMAR H			1.2 N	IAME	1		
STREET ADDRESS	121 STONE POST RD			1.3 \$	TREET	ADDRESS		_   j
CITY-ST-ZIP	LONGWOOD, FL 00000			1.4 C	1.4 CITY-ST-ZIP			}
TITLE	DP	☐ DELETE		2.1 T	2.1 TITLE		☐ Change ☐ Addi	ion '
NAME	WILLIAMS, RICHARD R	D R		2.2 N	2.2 NAME			Ì
STREET ADDRESS	121 STONE POST RD			2.3 S	TREET	ADDRESS		-
CITY-ST-ZIP	LONGWOOD, FL 00000			2.40	CITY-S	T-ZIP		
TITLE			☐ DELETE	3.1 T				
NAME	1		□ Deceie	1 '	πE	1	Change Addi	tion
STREET ADDRESS			Decere	3.2 N	TILE NAME			tion
CITY-ST-ZIP			- Detter		AME	TADDRESS	☐ Change ☐ Addi	tion
				33S	AME	1		
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				3.3 S 3.4.0 4.1 T 4.27	IAME STREET CITY-S TITLE NAME	1		
NAME			☐ DELETE	33 S 34 C 41 T 4.21 4.3 S	IAME STREET CITY-S TITLE NAME	T-ZIP	☐ Change ☐ Addi	tion
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: